|  |                                  |                    |                               |   |   |                             | ` ` `                           |  |
|--|----------------------------------|--------------------|-------------------------------|---|---|-----------------------------|---------------------------------|--|
| ) ·  | OIPE                             | PART B—ISSU        | JE FEE TRA                    | NSMITT#   | AL ,  |                             |                                 |  |
| Complete and mail this form, together with a sale fees, to:  Box ISSUE FEE  Assistant Commissioner for Patents  Washington, D.C. 20231   |                                  |                    |                               |   |   |                             |                                 |  |
|  |                                  |                    | 111 <b>9001, D.C.</b><br>7540 | 4/2   | 4/00  | BY:                         | ,                               |  |
| MAILING INSTRUCTIONS: This form should be for transmitting the ISSUE FEE. Blocks through 4 should be completed where appropriate. All further correspondence including the Issue Fe Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to the currer correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" to maintenance fee notifications.   |                                  |                    |                               |   | mailings of the Issue Fee Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing. |                             |                                 |  |
| CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)   |                                  |                    |                               |   |   |                             |                                 |  |
| QM12/1214<br>DANIEL L DAWES  |                                  |                    |                               |   | •   |                             |                                 |  |
| 5252 KENILWORTH DRIVE<br>HUNTINGTON BEACH CA 92649   |                                  |                    |                               |   | penise Wyrick (Depositor's name)  (Signature)   |                             |                                 |  |
| APPLICATION NO.  | FILING DATE                      | TOTAL CLAIMS       |                               | EYAMI   | NER AND GROUP   | 7/2/00                      | (Date)  DATE MAILED             |  |
| AT LOGITORIO.  | 1 HEING BATE                     | ·                  | <u> </u>                      | EXAMII  | NEN AND GROOF   | ANI UNII                    | DATE MAILED                     |  |
| First Named 08/64/, 114  | 1 <u>05/09/96</u>                | <del>- 010 -</del> | COHEN                         | <del>,</del> L  | ·   | 37                          | <del>29 12/14/99</del>          |  |
| Applicant GUGLIELI   | YI T                             | 35                 | USC 154                       | (h) t   | erm ext.  | = 0                         | Pavs.                           |  |
| NVENTION   |                                  | <del></del>        | -,                            |   |   | •                           |                                 |  |
|  | AR ELECTROLYTI<br>OF THROMBUS IN |                    |                               |   |   |                             |                                 |  |
|  | ONS AND ARTER                    |                    |                               |   | Seem years 1 & 12 - See 2 1 - See 2 2   | A L Lambardo do destruction | •                               |  |
| ATTY'S DOCKET NO.  | CLASS-SUBCLASS                   | BATCH NO.          | APPLN. TYPE                   | SN  | ALL ENTITY  | FEE DUE                     | DATE DUE                        |  |
| Use of PTO form(s) and Customer Number are recommended, but not required.  (1) the name attorneys of Change of Correspondence Address form the name of the name attorneys of the name attorneys of the name attorneys of the name of the name attorneys of the name attorneys of the name of the name attorneys of the name of |                                  |                    |                               | gon the patent front page, list so of up to 3 registered patent agents. If no name is listed, no printed. |   |                             |                                 |  |
| Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitue for filling an assignment.  (A) NAME OF ASSIGNEE The Regents of the University   |                                  |                    |                               |   | The following fees are enclosed (make check payable to Commissioner of Patents and Trademarks):      Issue Fee     Advance Order - # of Copies 10   |                             |                                 |  |
| of California (B) RESIDENCE: (CITY & STATE OR COUNTRY) Oakland, California   |                                  |                    |                               |   | 4b. The following fees or deficiency in these fees should be charged to:  DEPOSIT ACCOUNT NUMBER 01-1960  |                             |                                 |  |
| Please check the appropriate assignee category indicated below (will not be printed on the patent)   |                                  |                    |                               | 3.  | (ENCLOSE AN EXTRA COPY OF THIS FORM)  X Issue Fee   |                             |                                 |  |
| . Individual Copporation or other private group entity Significant government  The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the the  |                                  |                    |                               | _ 🛣 Adv   | Advance Order - # of Copies 10  |                             |                                 |  |
| The COMMISSIONER OF PATENTS A  | AND TRADEMARKS IS reques         | (Date)             |                               | plication idea  | ntified above.  |                             |                                 |  |
| NOTE; The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.  |                                  |                    |                               | i 03/1  | 03/13/2000 AIBRAHI1 00000027 08647114   |                             |                                 |  |
|  |                                  |                    |                               | 01 FC:142 1210.00 0P<br>02 FC:561 30.00 0P  |   |                             |                                 |  |
| Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending on the needs of the individual case. Any comments on the amount of time required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND FEES AND THIS FORM TO: Box Issue Fee, Assistant Commissioner for Patents, Washington D.C. 20231  Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection  |                                  |                    |                               | 1   |   | ENTERED ON-                 | 30.00 OP  HESPONSE DUE  3-74-99 |  |
| of information unless it displays a valid OMB control number.  |                                  |                    |                               |   | E   | ACTION N                    |                                 |  |